20-6-10-24-03-001-2M82

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 OCT 24 AM 10: 59

Office Use Only

NAME OF COMMITTEE (in full)		TYPE OR PRINT ▼	Example: If to over the lines		12FE4M5		
$[T_{0},V_{h},e,e,l]$, $S_{1}t_{0},t_{1}e_{1}$, $R_{1}u_{1}v_{1}o_{1}l_{1}$							
	S (number and street)	10,0,B0x	1182				
LI ·	Check if different than previously reported. (ACC)	Ra 1, e1, g, h	1 1 1 1 1 1 1	1 11	() 12.76		
I		[1,4,1,2,1,9,7]		<i>M</i> _	C) 12,760		
2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲							
C	0.06.173	9.9	3. IS THIS REPORT	(N) OR	AMENDED (A)		
	PE OF REPORT ose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)	
	Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election	
(-/	April 15		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Year Only) Jan 31 (YE)	
L	Quarterly Report (Q1) (c) 12-Day	Primary ((12P)	General (12G)	Runoff (12R)	
L	July 15 Quarterly Report (Q2) PRE-Electio Report for the		on (12C)	Special (12S)	_	
٢	October 15 Quarterly Report (Q3)			~~~	in the	
	January 31 Year-End Report (YE)E	lection on			State of	
	July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day , POST -Electi Report for t		(30G)	Runoff (30R)	Special (30S)	
	Termination Report (TER)	t l	ilection on	/· 0 • 6 / V	****	in the State of	
5. Covering Period 67 61 2016 through 69 3.0 2.0.1.6							
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer 1600010 Blaine Richaldson							
Signature of Treasurer Date Date Date Date Date							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.							
1	Office Use					FORM 3X ev. 05/2016	